

Docket No.: PALM-3675.SG

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Name of Person Making the Deposit: Mina Oliveri

Signature of the Person Making the Deposit:

Inventor(s):

Shawn GETTEMY and Yoon Keen WONG

Serial No .:

09/944,280

Group Art Unit:

2674

Filed:

08/30/01

Examiner:

Wu, Xiao Min

Confirmation No: 1896

Title:

IMPLEMENTATION OF ELECTRONIC MUSCLES IN A PORTABLE COMPUTER AS

USER INPUT/OUTPUT DEVICES

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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- Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85
- X Applicant is other than a small entity

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(for other than a small entity)						
Application Status is:	Regular	<u>Design</u>	Total			
Fee (CFR 1.18(a) and (b)):	X \$1,400.00	\$800.00	1,400.00			
Additional Copies (10 @ \$3.00)			30.00			
Total Fees			1,430.00			

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Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: 2/17/2006

By: Anthony C. Murabito

Reg. No.: 35,295

PART B - FEE(S) TRANSMITTAL

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01 FC:1501 02 FC:8001 1400.00 OP 30.00 OP

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Mina Oliveri	(Depositor's name)
Mina Olivei	(Signature)
2/17/06	(Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/944,280	08/30/2001	Shawn R. Gettemy	PALM-3675	1896

TITLE OF INVENTION: IMPLEMENTATION OF ELECTRONIC MUSCLES IN A PORTABLE COMPUTER AS USER INPUT/OUTPUT DEVICES

ISSUE FEE

nonprovisional NO	\$1400	\$0	\$1400	02/17/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS		
WU, XIAO MIN	2674	345-156000		
Change of correspondence address or indication of "F CFR 1.363). Change of correspondence address (or Change of Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication SNumber is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PLEASE NOTE: Unless an assignee is identified be recordation as set forth in 37 CFR 3.11. Completion (A) NAME OF ASSIGNEE Palm, Incorporated Please check the appropriate assignee category or category.	Correspondence ation form e of a Customer E PRINTED ON THE PATER elow, no assignee data will a of this form is NOT a substitut (B) RESIDEN S u n	ppear on the patent. If an assign te for filing an assignment. NCE: (CITY and STATE OR COUNTY vale, CA	member a 2es of up to no name is 3ee is identified below, the	e document has been filed for
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